

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
 Bayfield County
 Planning and Zoning Depart.
 PO Box 58
 Washburn, WI 54891
 (715) 373-6138

APPLICATION FOR PERMIT
 BAYFIELD COUNTY, WISCONSIN

RECEIVED
 Date Stamp (Received)
JAN 29 2020
 Bayfield Co. Zoning Dept.



Permit #:	20-0027
Date:	2-6-2020
Amount Paid:	\$75 1-30-2020
Refund:	

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED → LAND USE SANITARY PRIVY CONDITIONAL USE SPECIAL USE B.O.A. OTHER

Owner's Name: Theodore Woerle Mailing Address: 215 Home St. City/State/Zip: McDonald, PA 15057 Telephone: N/A

Address of Property: 11600 U.S. Hwy #2 City/State/Zip: Brule, WI 54820 Cell Phone: (412) 897-1350

Contractor: N/A - Build myself Contractor Phone: N/A Plumber: No Plumbing Plumber Phone: N/A

Authorized Agent: (Person Signing Application on behalf of Owner(s)) N/A Agent Phone: N/A Agent Mailing Address (include City/State/Zip): N/A Written Authorization Attached: Yes No N/A

PROJECT LOCATION: SW 1/4, NW 1/4 Legal Description: (Use Tax Statement) 18542 Recorded Document: (Showing Ownership) v 794 p 213

Gov't Lot: 18 Lot(s): 1 CSM: 18542 Vol & Page: 18542 CSM Doc #: 18542 Lot(s) No.: 1 Block(s) No.: 1 Subdivision: 14

Section 18, Township 47 N, Range 09 W Town of: Hughes Lot Size: N/A Acreage: 14

Shoreland → Is Property/Land within 300 feet of River, Stream (Incl. Intermittent) Creek or Landward side of Floodplain? **If yes---continue** → Distance Structure is from Shoreline: _____ feet

Is Property/Land within 1000 feet of Lake, Pond or Flowage? **If yes---continue** → Distance Structure is from Shoreline: _____ feet

Non-Shoreland

Is your Property in Floodplain Zone? Yes No

Are Wetlands Present? Yes No

Value at Time of Completion * include donated time & material	Project	# of Stories	Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System is on the property?	Type of Water on property
\$ 25000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input type="checkbox"/> 2	<input checked="" type="checkbox"/> (New) Sanitary Specify Type: <u>In ground</u>	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input type="checkbox"/> Sanitary (Exists) Specify Type: _____	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property			<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>			<input checked="" type="checkbox"/> Vacation	<input type="checkbox"/> Compost Toilet	

Existing Structure: (if permit being applied for is relevant to it)	Length: _____	Width: _____	Height: _____
Proposed Construction:	Length: <u>24</u>	Width: <u>24</u>	Height: <u>12'</u>

Proposed Use	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/> Principal Structure (first structure on property)	(X)	
	<input type="checkbox"/> Residence (i.e. cabin, hunting shack, etc.)	(X)	
	<input type="checkbox"/> with Loft	(X)	
	<input type="checkbox"/> with a Porch	(X)	
	<input type="checkbox"/> with (2nd) Porch	(X)	
	<input type="checkbox"/> with a Deck	(X)	
<input type="checkbox"/> Commercial Use	<input type="checkbox"/> with (2nd) Deck	(X)	
	<input type="checkbox"/> with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/> Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/> Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/> Addition/Alteration (explain) _____	(X)	
	<input checked="" type="checkbox"/> Accessory Building (explain) <u>Garage</u>	(24 X 24)	576
	<input type="checkbox"/> Accessory Building Addition/Alteration (explain) _____	(X)	
<input type="checkbox"/> Special Use: (explain) _____	(X)		
<input type="checkbox"/> Conditional Use: (explain) _____	(X)		
<input type="checkbox"/> Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT OR STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): Theodore Woerle Date: 1/24/20
 (If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)

Authorized Agent: _____ Date: _____
 (If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)

Address to send permit 215 Home St. McDonald, PA 15057

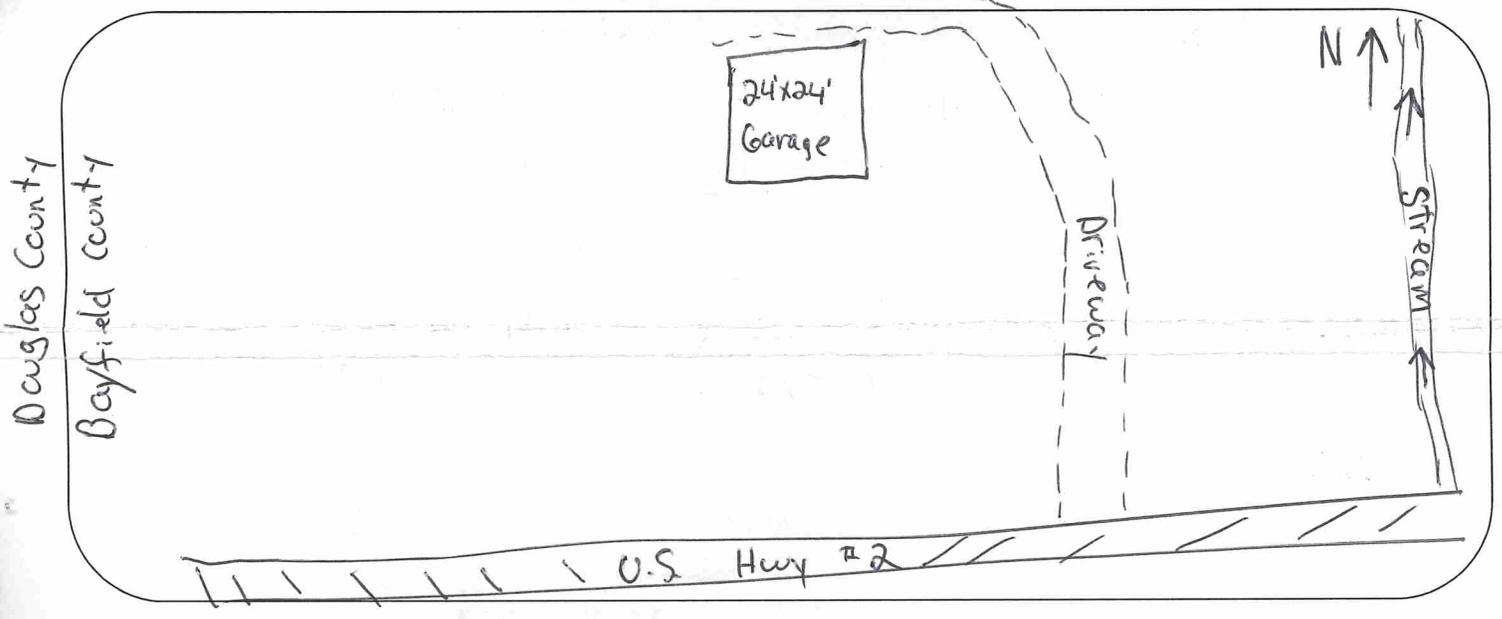
Attach
Copy of Tax Statement
 If you recently purchased the property send your Recorded Deed

APPLICANT - PLEASE COMPLETE PLOT PLAN ON REVERSE SIDE

the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink - NO PENCIL

- (1) Show Location of: **Proposed Construction**
- (2) Show / Indicate: **North (N) on Plot Plan**
- (3) Show Location of (*): **(* Driveway and (* Frontage Road (Name Frontage Road)**
- (4) Show: **All Existing Structures on your Property**
- (5) Show: **(* Well (W); (* Septic Tank (ST); (* Drain Field (DF); (* Holding Tank (HT) and/or (* Privy (P)**
- (6) Show any (*): **(* Lake; (* River; (* Stream/Creek; or (* Pond**
- (7) Show any (*): **(* Wetlands; or (* Slopes over 20%**



Please complete (1) - (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) Setbacks: (measured to the closest point)

Description	Measurement	Description	Measurement
Setback from the Centerline of Platted Road	400 Feet	Setback from the Lake (ordinary high-water mark)	N/A Feet
Setback from the Established Right-of-Way	280 Feet	Setback from the River, Stream, Creek	N/A Feet
		Setback from the Bank or Bluff	N/A Feet
Setback from the North Lot Line	15 Feet		
Setback from the South Lot Line	280 Feet	Setback from Wetland	N/A Feet
Setback from the West Lot Line	640 Feet	20% Slope Area on the property	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Setback from the East Lot Line	640 Feet	Elevation of Floodplain	N/A Feet
Setback to Septic Tank or Holding Tank	50 Feet	Setback to Well	100' Feet
Setback to Drain Field	60 Feet		
Setback to Privy (Portable, Composting)	N/A Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
 For The Construction Of New One & Two Family Dwelling: **ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.**
 The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 467194	# of bedrooms: 3	Sanitary Date: 4-27-05
Permit Denied (Date):	Reason for Denial:		
Permit #: 20-0027	Permit Date: 2-6-2020		
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (Deed of Record) <input checked="" type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	Mitigation Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
Inspection Record: Project location staked and appears code compliant. Property line runs through center of existing cabin. Parcels are common ownership.		Zoning District (R1) Lakes Classification ()	
Date of Inspection: 1-8-2020	Inspected by: Todd Norwood	Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input type="checkbox"/> No		May not be used for human habitation. No water under pressure in structure. Must meet and maintain setbacks	
Signature of Inspector: Todd Norwood		Date of Approval: 2-6-2020	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>

City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY –
SIGN –
SPECIAL –
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **20-0027** Issued To: **Theodore Woerle**

Location: **SW** ¼ of **NW** ¼ Section **18** Township **47** N. Range **9** W. Town of **Hughes**
Lying N of Hwy 2

Gov't Lot	Lot	Block	Subdivision	CSM#
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For: **Residential Accessory Structure: [1- Story; Garage (24' x 24') = 576 sq. ft.]**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Structure shall not be used for human habitation / sleeping purposes. No pressurized water in structure without an approved connection to POWTS. Must meet and maintain setbacks.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Todd Norwood

Authorized Issuing Official

February 6, 2020

Date